

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5							55			
6		1					56			
7	1						57			
8							58			
9							59			
10							60			
11							61			
12							62			
13	1						63			
14		1					64			
15							65			
16		1					66			
17	1						67			
18		1					68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	13	←	←	←			TOTAL DEP.	←	←	←
TOTAL CLAIMS	17	██████	██████	██████			TOTAL CLAIMS	██████	██████	██████